

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/890907	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DER.	IND.	DER.	IND.	DER.	
1	1						
2	1						
3	1						
4	1						
5	1						
6	1						
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8	1						
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12	1						
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50							
TOTAL IND.	12	↓		↓		↓	
TOTAL DER.	8	↔		↔		↔	
TOTAL CLAIMS	20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS							